ALL INFORMATION IS REQUIRED TO BE PROV				<u> </u>				1
	APPLICATION FOR A PLACE ON THE May 200 Salado GENERAL ELECTION BALLOT							
TO: City Secretary/Secretary of Board								
I request that my name be placed on the ab	ove-named.of	ricial ballot as	a candidate	for the office indic	ated below	v.		
OFFICE SOUGHT (Include any place number						ATE TERM		
					<u> </u>	1111		
Alderman								,
Title NAME (Circh Middle I act)			PRINT NAME AS YOU WANT IT TO APPEAR ON THE BALLOT					
JAson Thomas Howard			JASON Howard					
JAson I homas 7/6Ward			JASON MOWARD					
PERMANENT RESIDENCE ADDRESS (Do not Include a P.O. Box or Rural			PUBLIC MAILING ADDRESS (Campaign mailing address, if available.)					1
Route. If you do not have a residence address, describe the address at which you receive personal mail and location of residence.)								
at which you receive personal mail and tota	ition of residen	ice.)						
			P	3 Box	143	32		
518 Creek Run &	iv.		' '	J 10 - 11				
CITY	TATE Z	D	CITY			STATE	(trup	
1		-	CITY	,	ĺ		ZIP	Į.
Salado	ナメ 7	16571	Sala	2010		TX	76571	
PUBLIC EMAIL ADDRESS (If available)	OCCUPATION	DN (Do not le	ave blank)	DATE OF BIRTH			STRATION VUID	1
Howard A. Schado @gnail.com	Cal	- Zai	· ee t	04/19	, 50	NUMBER (O		
					<u>" </u>			
TELEPHONE CONTACT INFORMATION (Opti- Home:	ional)	LENGT	H OF CONTINUOUS RESIDENCE AS OF DATE APPLICATION SWORN IN STATE IN TERRITORY FROM WHICH THE					
Home:			INSIAI	E		KKITOKY FKOI ICE SOUGHT		
Work:			5	/ear (s)	"			
Cell: 254-913-9838				/ear (s)		1 year	(s)	
Cell: 23 7 - 9/3 - 40 30			<u>O</u> m	nonth(s)		3 mont	th(s)	
if using a nickname as part of your name to appear on the ballot, you are also signing and swearing to the following statements: I further swear					1			
that my nickname does not constitute a slogan nor does it indicate a political, economic, social, or religious view or affiliation. I have been								
commonly known by this nickname for at least three years prior to this election.								
Before me, the undersigned authority, on this day personally appeared (name) SAS on Thorse House who being by me								
here and now duly sworn, upon oath says:		,,	,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,				THE BEING OF THE	1
Value 2 111 oc								
"I, (name) Tasun Howard of Bell County, Texas, being a								
candidate for the office of								
this state. I have not been finally convicted of a felony for which I have not been pardoned or had my full rights of citizenship restored by other								
official action. I have not been determined by a final judgment of a court exercising probate jurisdiction to be totally mentally incapacitated or								
partially mentally incapacitated without the	e right to vote.	I am aware o	f the nepoti	sm law, Chapter 57	3, Governi	ment Code.		
I further swear that the foregoing statemen	ats included in	my annlicatio	n are in all t	hines true and corr	act "			1
t to the area that the long suit statemen	TO PERMINENT IN	-		- //	7			
		\mathbf{X}	-	en7,14+	-			1
			-	SIGNATURE (DE CANDID	ATF		1
Sworn to and subscribed before me at Mc	inicipal P	da, this the	23rd day		2026			AND
9.5	r 11:55a	·w.		l -		SULAY PUNIT	SEAL MCPARTI SEAL Public, State	ANU
Cody of Ala Pas-ADay	0.	, \	atoric	Dublic	- (comm. Expires 07-	
Signature of Officer Administering Oath		Title	of Officer Ad	ministerios Oath	— <u> </u>	THE OF TELL	Notary ID 12438	
TO BE COMPLETED BY CITY SECRETARY OF SECRETARY OF BOARD:								
(See Section 1.007)	Januar	ry 23,20	20	Carall	ctar	there		
	Date Recei	ved 11:55	a.m.	Signature of Secre	stary			
Voter Registration Status Verified 🗹								

APPOINTMENT OF A CAMPAIGN TREASURER BY A CANDIDATE

FORM CTA PG 1

See	CTA Instruction Guide for detailed instructions.	1 Total pages filed:
2 CANDIDATE NAME	MS/MRS/MR FIRST MI M1. JASON T NICKNAME LAST SUFFIX Howard	OFFICE USE ONLY Filer ID # Date Float C C C C C C C C C C C C C C C C C C C
3 CANDIDATE MAILING ADDRESS	ADDRESS / PO BOX: APT / SUITE #: CITY: STATE: ZIP CODE # 518 Creek Run Cir Salado TX 76571	BY Cara Legardo. City Secretory Date Hand-delivered or Postmarked
4 CANDIDATE PHONE	AREA CODE PHONE NUMBER EXTENSION (254) 9/3-9838	Receipt # / Amount S Date Processed
5 OFFICE HELD (if any)	NIA	January 23, 2020 January 23, 2020
6 OFFICE SOUGHT (if known)	Alderman	Standary Any a Con-
7 CAMPAIGN TREASURER NAME	MS. Therest F. Ho	LAST SUFFIX
8 CAMPAIGN TREASURER STREET ADDRESS (residence or business)	STREET ADDRESS (NO PO BOX PLEASE): APT / SUITE #: CITY: 5/8 Creek Run lir Salado 7	STATE: ZIP CODE 大 76571
9 CAMPAIGN TREASURER PHONE	AREA CODE PHONE NUMBER EXTENSION (469) 371-8577	
10 CANDIDATE SIGNATURE	I am aware of the Nepotism Law, Chapter 573 of the Te I am aware of my responsibility to file timely reports as the Election Code.	
	I am aware of the restrictions in title 15 of the Election C from corporations and labor organizations.	ode on contributions
		-23-2020
	Signature of Candidate	Date Signed
	GO TO PAGE 2	

CANDIDATE MODIFIED REPORTING DECLARATION

FORM CTA PG 2

11 CANDIDATE NAME	JASON T. Howard
12 MODIFIED REPORTING DECLARATION	COMPLETE THIS SECTION ONLY IF YOU ARE CHOOSING MODIFIED REPORTING
	•• This declaration must be filed no later than the 30th day before the first election to which the declaration applies. ••
	•• The modified reporting option is valid for one election cycle only. •• (An election cycle includes a primary election, a general election, and any related runoffs.)
	•• Candidates for the office of state chair of a political party may NOT choose modified reporting. ••
	I do not intend to accept more than \$900 in political contributions or make more than \$900 in political expenditures (excluding filing fees) in connection with any future election within the election cycle. I understand that if either one of those limits is exceeded, I will be required to file pre-election reports and, if necessary, a runoff report.
	Year of election(s) or election cycle to which declaration applies Signature of Candidate

This appointment is effective on the date it is filed with the appropriate filing authority.

TEC Filers may send this form to the TEC electronically at treasappoint@ethics.state.tx.us
or mail to

Texas Ethics Commission

P.O. Box 12070 Austin, TX 78711-2070

Non-TEC Filers must file this form with the local filing authority DO NOT SEND TO TEC

For more information about where to file go to: http://204.65.203.6/filinginfo/QuickFileAReport.php